



RECORDS REQUEST FORM

Please print

NAME: _____

ADDRESS: _____

DAYTIME PHONE #: _____

FAX TELEPHONE #: _____

DATE: _____

STATUS:

___ Not applicable because the record is public

___ I am the subject of the record

___ I am the parent or legal guardian of a minor who is the subject of the record

___ I have power of attorney or notarized release from the subject of the record or provider of the information

___ I have a legislative subpoena or court order

I understand that I may be responsible for the actual costs associated with providing this information.

Signature _____

Description of Record(s) Requested (Must be described specifically)

*Record Request Forms are Public Documents

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ TIME RECEIVED: _____

CLASSIFICATION OF RECORD REQUESTED *

TOWN RESPONSE TO RECORD REQUEST

___ PUBLIC

___ APPROVED / DATE _____

___ PRIVATE

___ DENIED / DATE _____

___ PROTECTED

___ REQUEST FOR EXTRAORDINARY CIRCUMSTANCES

___ CONTROLLED

(If Approved) It is estimated the record will be available on _____

Fee Charged: _____

Signature of Record Provider _____